

The Boston Osteopath.

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THE SCIENCE OF OSTEOPATHY.

DISEASES TREATED.

December.

December drops no weak, relenting tear,
By our fond summer sympathies en-
snared;

Nor from the perfect circle of the year
Can even winter's crystal gems be
spared.

—CHRISTOPHER PEARSE CRANCH.

Osteopathy and the State Laws.

J. C. CLARKE.

Osteopathy has been before the public years enough to prove conclusively both its common-sense basis and its scientific basis, and to demonstrate its practicality by thousands of cures, the majority of these being in chronic cases, which are always the severest tests for any method of healing. It is rare indeed that any one really investigates the subject without speedy conviction of its genuineness and its value, whether he magnanimously tries it on "his wife's relations," or heroically offers his own backbone to the painless manipulations of the Osteopath.

But comparatively speaking, Osteopathy is so new, so little known in general, that it is small wonder that it is often difficult to obtain for it the serious attention which is all that is asked. "It speaks for itself" to any who will listen; but the willing ear is often wanting. That the medical profession especially should be averse to considering its claims is most natural. That self-devoted class who for centuries have given their whole lives to the study of the human body and to the mitigation of its sufferings:—

"Who through long days of labor,
And nights devoid of ease,"
have amassed, bit by bit, the scientific knowledge on which to-day the Osteopath draws as on "money in a bank" for his use; — those solid

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thousands of solid men could not be expected to think of Osteopathy at first except as a mushroom growth, nor to rate its claims as other than pretentious or misguided.

In those States of this country, however, in which Osteopathy has gained a foothold too obvious to ignore, medical men have begun to combine against it as something to be reckoned with, contagious, as it were, and therefore to be decently buried by process of law, the sooner the better. Hence sundry "Medical Bills," so-called, introduced into legislatures, to "protect" the community, including the medical men, excluding only their Osteopathic brothers.

There should be no conflict at all; the Physician and the Osteopath are really one in their interests and their aims; but wherever an attempt is made to put Osteopaths at a legal disadvantage, apparently we have no choice but to "fight it out along that line," without delay.

The legal status of the matter at date, so far as the law has been invoked, is as follows:—

The earliest appeal to the protection of the law was in Missouri, in 1895, although Vermont was the first State to secure legal recognition. Missouri was the natural starting point, its town of Kirksville being the headquarters of the founder of the science, Andrew Taylor Still, M. D. Though Dr. Still, as a regular physician, could not be prevented from practicing, even osteopathically, the graduates of his school could be harassed, and they were, under restrictive laws which had been enacted in the interests of the medical fraternity.

Accordingly, in 1895, a bill was introduced into the Missouri legislative Assembly, to secure recognition for the American School of Osteopathy, and to regulate the practice of the science in the State of Missouri. This bill passed both houses, but was vetoed by Governor William J. Stone. In the new legis-

lature, however, the following year, a similar bill was passed by an overwhelming majority, and was signed by Governor Lon V. Stephens.

Following is a certified record of the official count "of the House and Senate of the Thirty-ninth General Assembly" of Missouri, "on the passage of House Bill No. 415, known as the Osteopathic Bill:— House — Yeas, 101; Nays, 16; Absent, 18; Absent with leave, 3; Sick, 2. Senate—Yeas, 26; Nays, 3; Absent with leave, 5. Bill approved March 4, 1897."

Meanwhile in Vermont, the State Board of Health had endeavored to secure a law to prohibit the practice of Osteopathy in that State, alarm having been taken, in medical circles, at the great success of Osteopathy in Vermont, notably in cases of diphtheria. The Osteopaths tried to get a modification of this medical bill; but the legislative committee in charge absolutely refused. When the bill came up for consideration, the friends of Osteopathy introduced a substitute bill, which in just one hour and fifteen minutes passed both houses, November 23, 1896, and on the next day, November 24, received the signature of the Governor. Ask anyone who knows the "ins and outs" of that Vermont affair, what George J. Helmer, D. O., now of New York City, then of Vermont, had to do with it, first and last, and a lively tale will be told.

A count of the vote on the Vermont bill was not taken; but an official statement says that it must have passed both houses by at least a two-thirds vote, and adds:—"The fact that no roll-call was demanded indicates that there was practically no opposition to its passage in the House."

In the legislative session in North Dakota in 1897, Mrs. Helen de Lendrecie made so able and energetic a struggle for a bill to legalize Osteopathy in that State that such bill was triumphantly passed, in the face of the serried phalanx of physicians

arrayed against it. Governor F. A. Briggs signed it only a few hours after its passage. The bill became a law July 1, 1897. Official statistics give the vote thus:—Senate, Ayes, 22; Nays, 5; Absent, 4. House, Ayes, 43; Nays, 16; Absent, 3.

Michigan came next in order of time, but stands first and alone in the apparently spontaneous origin of its recognition of Osteopathy. Many of its prominent citizens had been benefited by Osteopathic treatment in Kirksville, either in their own persons or in those of friends, and desired to have the new science brought nearer home.

Official statements of the extraordinary vote show that the Osteopathic Bill passed the Michigan legislature as follows:—Senate—Yeas, 24; Nays, 1. House—Yeas, 72; Nays, none. The bill was promptly signed by Governor Hazen S. Pingree, and immediately went into effect. The date of approval was April 21, 1897.

Iowa is the latest of the State-recruits; and its law receives the unqualified endorsement and support of all Osteopaths. Its framers profited by the experience of other States, to draw up a bill which obviated existing objections. It was approved March 31, 1898.

At the preceding special session of the Iowa General Assembly, a law was passed prohibiting the practice of Osteopathy in that State. The small number of Osteopaths then living there attempted no defence, but moved away. The people, however, began an agitation in favor of a law giving direct protection to Osteopathy, with the result that the present bill was passed over and above the strongly organized opposition of the medical societies of the State. These had their law, and all they had to do was to defend it; yet Osteopathy won.

The official record of the Iowa vote on this Osteopathic Bill reads thus:—In the Senate—Yeas, 27; Nays, 20; Absent or not voting, 3.

In the House—Yeas, 51; Nays, 30; Absent or not voting, 18.

In 1897, Osteopathic bills passed the legislatures of South Dakota and Illinois, but were vetoed by the respective Governors, the veto coming too late in the session for reconsideration of the bill. In both these legislatures, bills will be introduced again this winter, with good prospects of success. Illinois has had a medical law since July 1, 1887.

The official count of the votes for the Osteopathic Bill in Illinois last year is as follows:—Senate—Yeas, 40; Nays, none. House—Yeas, 82; Nays, 43. The bill was vetoed by Governor John R. Tanner, June 10, 1897.

In South Dakota, the official record gives these votes for the Osteopathic Bill:—Senate—Yeas, 25; Nays, 13; Absent and not voting, 3; Excused, 2. House—Yeas, 49; Nays, 15; Absent and not voting, 8; Excused, 11. The bill was vetoed by Governor Andrew E. Lee, March 10, 1897.

Does not all this make a good record? Vermont, Missouri, North Dakota, Michigan, and Iowa,—five States with Osteopathic laws, all passed within the brief period from November 24, 1896, to March 31, 1898, less than seventeen months! That it is “a far cry” in geographical distance between some of these centers of development is one of the most encouraging points. Growth will be all the more healthily rapid; and the wide distribution is but one sign the more, that Osteopathy appeals, by its merit alone, to candid investigators wherever they are found.



“*Why it grows.*—The growth of Osteopathy is something wonderful. Being founded in common sense and with a rational, natural, and scientific explanation for all its treatment, is it wonderful that, when tested by results and found able to make good its claims, the world should be eager to accept it?”

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Reason in Osteopathy.

M. F. HULETT, B. S., D. O.

(COLUMBUS, OHIO.)

Every practicing Osteopath has many times in his experience been asked the question, "How do you get results?" While this may seem, in one sense, an easy question to answer, yet it is not. The patient does not understand the phenomenon, if such it may be termed, and is likely to place it, along with other things new to him, in the list of mystical performances without scientific foundation. But let us meet the question with another: "How does medicine get results?" If there is anyone here that can answer that question, let him rise and speak! From the cradle we have been taught that there is some drug concoction that will remove every pain and disorder, and we have blindly followed this teaching until our belief in its truth has become second nature. It is adopted as one of the axioms of life, and we cease to make any investigation as to its accuracy.

It is a demonstrated fact in physiology that there are methods of stimulation and inhibition of nerves by mechanical means; that the nerve can be affected by pressure, which produces change in structure, form, or action. The lives of many thousand frogs, rats, and other animals have been sacrificed in the name of science to demonstrate these truths. Section of a nerve inhibits its action because it is cut off from its source of supply; but re-connect it, or join with an electric battery, and action is revived. Pressure causes a like phenomenon. But let us try an acid,—a medicine,—and now notice the result: change in structure, decomposition—injury and death to the parts with which it comes in contact.

But what bearing have these facts on Osteopathy? Let us see. A muscle, contracted from cold, inju-

ry, or other cause, will make pressure upon the structures which pass through it or under it and will interfere with their action; or a contracted muscle may displace a bone to which it is attached, enough to cause a pressure upon some structure in its proximity. These pressures produced may be only slight, enough to excite—stimulate; or they may inhibit, or may totally paralyze the action of that nerve;—or mechanically obstruct a blood vessel. The effect produced will, in any event, be an injury, great or small according to the amount of resistance to the part supplied by those structures. This injury is nothing else but disease. Now, if we can stretch the muscle and thus overcome its abnormal contraction, or replace the bone in the same or similar processes, the structures will be free of their incumbrance, and nature will bring about the normal.

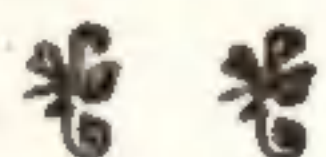
We frequently hear the remark, "Osteopathy cannot help my case because my blood is out of order." Did it ever occur to such a one that there are organs in the body that manufacture pure blood; and that there are other organs which eliminate the toxic properties from the blood? That if those blood-producing and blood-eliminating organs are carrying on their work properly, the blood cannot be otherwise than pure? Impure blood is a self-evident assurance that there is an interference with its free circulation or with the nerve supply. Now, let us get back to first principles, and liberate this interference so that nature can clean up the accumulated *debris*. Let loose the nerve force governing those organs, and it will be only a question of a short time until old Dame Nature has her house in first-class order.

A prospective patient with a "pain in the knee" recently objected to our method of treatment because "my doctor" said that if the treatment was "manipulation" it would be likely to set up inflam-

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mation in the knee joint; and of course "my doctor" knows. There, again, the doctor supposed that we would treat the case from the same standpoint that he did,—doctoring the effect and not the cause. The termination of that nerve in the knee,—the only place that an effect could be produced,—had made it very painful because of an obstruction at or near its origin.

While the public may sometimes seem a little hard to convince of the merits of our science, yet we are happy to chronicle the fact that many reasonable men and women have become so dissatisfied with the unscientific methods of medical treatment that they are willing to give our science a fair investigation. This is all we ask, and we are willing to abide by their reasonable decision on such terms.



A Christmas Hymn.

It was the calm and silent night!
Seven hundred years and fifty-three
Had Rome been growing up to might,
And now was queen of land and sea.
No sound was heard of clashing wars—
Peace brooded o'er the hushed domain:

Apollo, Pallas, Jove, and Mars
Held undisturbed their ancient reign,
In the solemn midnight,
Centuries ago.

'Twas in the calm and silent night!
The senator of haughty Rome,
Impatient, urged his chariot's flight,
From lordly revel rolling home;
Triumphal arches, gleaming, swell
His breast with thoughts of boundless sway;

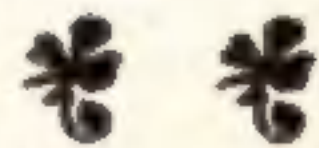
What recked the Roman what befell
A paltry province far away,
In the solemn midnight,
Centuries ago?

Within that province far away
Went plodding home a weary boor;
A streak of light before him lay,
Fallen through a half-shut stable-door

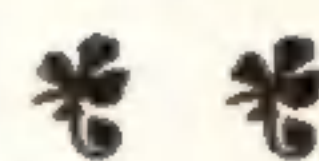
Across his path. He passed—for naught
Told what was going on within;
How keen the stars, his only thought—
The air how calm, and cold, and thin,
In the solemn midnight,
Centuries ago!

O strange indifference! low and high
Drowsed over common joys and cares;
The earth was still—but knew not why
The world was listening, unawares.
How calm a moment may precede
One that shall thrill the world forever!
To that still moment, none would heed,
Man's doom was linked no more to
sever—
In the solemn midnight,
Centuries ago!

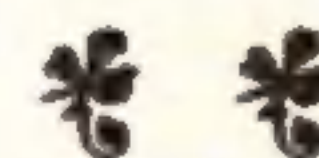
It is the calm and solemn night;
A thousand bells ring out, and throw
Their joyous peals abroad, and smite
The darkness—charmed and holy now!
The night that erst no name had worn,
To it a happy name is given;
For in that stable lay, new-born,
The peaceful Prince of earth and
heaven,
In the solemn midnight,
Centuries ago!
—ALFRED DOMETT.



Few men know how to live. We
grow up at random, carrying into
mature life the merely animal meth-
ods and motives which we had as
little children. And it does not oc-
cur to us that all this must be
changed; that much of it must be
revised; that life is the finest of the
Fine Arts; that it has to be learned
with lifelong patience; and that the
years of our pilgrimage are all too
short to master it triumphantly.
—Prof. HENRY DRUMMOND.



The whole man should be devoted to
one thing at one time.
—CHANCELLOR THURLOW.



"Osteopathy is from first to last
an appeal to nature; for it is nature
that cures."

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Asthma.

SANDFORD T. LYNE, D. O.

(ALLENTOWN, PA.)

It is a foundation principle of Osteopathic theory that no treatment can be successfully applied to a condition of disease unless it contemplates the removal of the primitive cause; and if this theory is not carried to a successful conclusion, the treatment used can, at most, be only palliative. To remove the cause, therefore, is the basic principle of Osteopathic practice, thus enabling Nature to operate her vital processes *without resistance*, whereby disease is eradicated and health is restored.

To one especially schooled in the normal conformation of the human body, as well as in the art of detecting abnormalities of its structure and function, but few, if any, diseases are as clearly due to *mechanical interference* as is primary or uncomplicated asthma. We are aware that some authorities aver that no cause for asthma has yet been discovered, and doubtless herein lies the secret of the failure of some schools of practice to deal successfully with this condition. That the Osteopathic theory as to the cause of asthma is correct has been attested times without number by the great success attending the method of treatment.

Asthma may, however, be secondary or symptomatic, that is, may result from reflex influence, such as emphysema, chronic bronchitis, cardiac insufficiency, chronic nephritis, etc. In such case, the accompanying condition must receive special attention.

In normal inspiration, the diameters of the thoracic cavity are all increased; vertically by the action of the diaphragm, laterally and antero-posteriorly by the elevation of the ribs. The muscles of inspiration (the diaphragm and intercostals) receive their impulses from

the phrenic and intercostal nerves; and while the respiratory nerve-centers seem to act automatically, it is a well-known fact that the absence of oxygen in the pulmonary cavities will stimulate them reflexly, through the pneumogastric filaments in the lungs, to increased activity. It must therefore appear that if there is interference with the nerves controlling the muscles of inspiration, or a contraction of the intercostal muscles, inspiration cannot take place normally, and the expansive capacity of the chest and lungs must be greatly diminished. This lessens the amount of oxygen received into the lungs, impoverishing the blood and exciting the respiratory centers reflexly, leading to forcible respiratory efforts, which become violent, even convulsive.

The fact that paroxysms so frequently attack asthmatics while asleep is no doubt due to this reflex influence occasioned by a lack of oxygen.

It is generally agreed that true asthma is a paroxysmal affection, comprising spasms of the diaphragm and certain vasomotor disturbances, with a sense of constriction and suffocation about the chest. The admission of air into the lungs being limited or greatly diminished, inspiration is convulsively violent, while expiration is somewhat prolonged and comparatively easy. But the work of the really skilled diagnostician is not complete with having simply found this condition; he must discover the cause: otherwise, he cannot apply his treatment with any assurance of success.

To one familiar with a normal thorax, a minute examination of an asthmatic will invariably reveal some abnormality of the bony cage containing the organs of respiration, clearly interfering with free respiratory movements, and obstructing some important nerve-supply of the thorax or its contents. It may be a contraction of the intercostal muscles, constricting

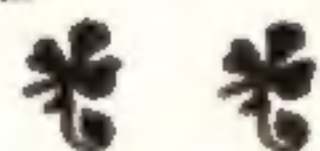
some part of the chest, depressing one or more of the ribs; or a depression in the sternum; or a vertebra slightly out of line; or a depressed clavicle; or a turned rib, etc.

If the hypothesis that primary asthma is due to mechanical interference be true, it necessarily follows that the treatment should also be mechanical.

It is an acknowledged fact that the respiratory power and breathing capacity can be wonderfully and readily increased by mechanical or manipulative methods; in fact, in no other way can such results be achieved. Instances are on record where the lung capacity has been increased more than three-fold, in comparatively a short time, by manual treatment. It is self-evident that such methods must attain good results in the treatment of asthma.

By mechanical manipulations, the Osteopath corrects the abnormality found as the primitive cause, and employs such movements as will relax the intercostal muscles, elevate the ribs and expand the chest, inducing full and deep inspiration, whereby free and easy respiration is accomplished and the lung capacity increased.

The expansion of the chest by the method used produces a partial vacuum in the thoracic cavity at the time of inhalation, which, according to a physiological principle, draws the blood from the great veins to the heart, thus promoting the return of venous blood and increasing arterial tension, an important factor in the curative process of asthma.



Winter white is coming on;

And I love his coming:

What though winds the fields have shorn!

What though earth is half forlorn—

Not a berry on the thorn,

Not an insect humming!

Pleasure never can be dead;

Beauty cannot hide her head!

—BRYAN WALLER PROCTER.

A Hygienic Home.

My wife and I are trying hard
To live on healthful diet;
We read the food chart by the yard,
And run our kitchen by it:
We've banished from our bills of fare
All that such guides condemn;
True hygiene is all our care,
As planned and taught by them.

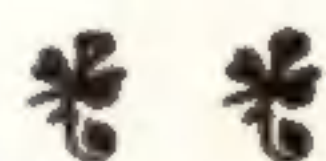
For breakfast, coffee is tabooed,
Hot cakes and eggs forbidden,
And milk, since it is oft imbued
With germs profuse, though hidden;
Bread is unwholesome, so is steak;
Submissive to our lot,
Oatmeal and Graham gems we bake,
And drink boiled water, hot.

For dinner, soup will never do,
And oysters typhoid nourish;
Salads, entrees, and ices, too,
Are mere dyspeptic flourish;
Potatoes (by the last advice)
Are poisonous, we're told;
We eat rare meat, chopped fine, with rice,
And drink boiled water, cold.

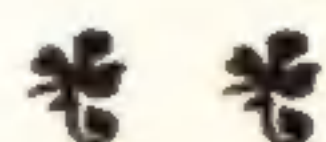
For supper—some professors teach
'Tis best to go without it;
But since discretion's left to each,
We take our choice about it.
On chicken, waffles, tea, and cake,
We are forbid to feed;
But gluten wafers, cocoa (weak),
And prunes are all we need.

It grieves us much our friends to view
So reckless in their diet;
Our wholesome *menu* we pursue
And beg of them to try it;
But appetite's ungodly sway
Their nature so enthralls,
We cannot get a guest to stay
Within our healthful walls!

—Munsey's Magazine.



"Onions are an excellent addition to the diet, if one is willing to sacrifice his friends in a good cause."



"If you are given health you should be willing to pay for everything else."

Problems for the Mental Healer to Solve.

It is commonly held among advocates and practitioners of the Mental Healing philosophy that disease is a state of mind, the only remedy for which is the mental cure. This view has rapidly gained ground, and although not now held in as abstract or radical a form as at first, it is still the accepted theory. But despite the wide acceptance of this doctrine, and the marked success attendant upon its application, certain doubts have steadily pushed themselves forward, and problems have arisen to which no satisfactory solution has yet been offered. We state these questions below with the hope that at least some light may be thrown upon them.

(1) If disease is a state of mind, how is it that people very generally are ill when their physical surroundings are changed? For example, the change to a hot climate, resulting in fever to those who were previously in excellent health.

(2) Why are diseases found in plants and animals, both in their natural state and under domestication?

(3) Why, if disease is wholly mental, is there a tendency more and more among many mental healers to state the degree of disease or health in terms of *physical* openness or contraction?

(4) Why, in the process of cure, is the opening out of the brain and other parts of the body deemed the essential in many cases of healing?

(5) Why is the method of expanding the solar plexus frequently employed, instead of a purely mental process?

(6) Why have cures been finally wrought by this method when the pure thought-process under other healers had failed?

(7) Why is relief from nervous tension alone sufficient to cure many ailments?

(8) Why cannot all diseases be

reached, *e. g.*, blindness and deafness, very many cases of which have entirely failed to respond?

Furthermore, if "the mind rules the body," how is it that the mind acts freely only when the body is in good condition?

How does it happen that many who begin by believing the most abstract mental-healing doctrine grow into the conviction that the mind is dependent on the body, as well as the body on the mind; while some end by taking a medical course to supply knowledge which the New Thought cannot give?

We believe that the only hope for the solution of these problems lies in the possibility of strictly scientific investigation, in which account shall be taken of both mental and physical facts. Scientific psychology has a well-defined theory that mind and body have grown up side by side. If so, they are to be understood only in connection with each other. We would like, then, to hear a frank avowal of the limitations of mind as related to man. Out of the discovery of those limitations greater mental power may be developed. We, therefore, have no fear for the future of mental healing. But first let us have fidelity to facts, and not a string of assertions; such, for example, as the statement that even poison has no quality except what the mind gives it, or that causation is always mental. — Editorial by HORATIO W. DRESSER, in the October *Journal of Practical Metaphysics*.



Talk health. The dreary, never-changing tale

Of fatal maladies is worn and stale.

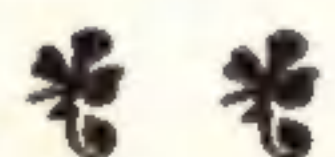
You cannot charm, or interest, or please

By harping on that minor chord, disease.

Say you are well, or all is well with you,

And God shall hear your words and make them true.

—ANON.



O-S-T-E-O-P-A-T-H-Y spells "health."

Pneumonia.

HORTON FAY UNDERWOOD, D. O.
(NEW YORK, N. Y.)

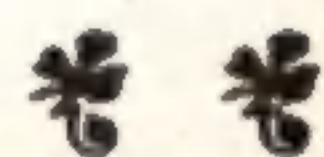
Pneumonia, or inflammation of the lung tissue, is divided into three varieties, lobar, lobular, and interstitial. The term pneumonia when used alone usually applies to lobar. Acute lobar pneumonia is an inflammation of the lining membrane of the air cells of a lobe of the lungs. The disease may be primary or secondary. According to our medical brethren, the cause of the primary form is disputed; some regarding it as an infectious disease or a specific fever, while others maintain it to be a local inflammation of the lung, with the resulting fever, symptomatic or secondary. It is found to occur more readily in patients in a weakened condition, drunkards being specially liable. It is more common in variable climates, and hence it is more prevalent at certain seasons of the year. Exposure to wet or to draughts of cold appears to act as an exciting cause.

The disease has three stages. First is the congestion of the lining membrane of the air cells. Second, the affected air cells become obliterated by being filled up with an inflammatory exudation. This stage lasts from five to eight days. The third is the stage of fatty degeneration of inflammatory products, and their subsequent absorption. The fever during the second stage ranges from 103 degrees Fahrenheit to 104.

The old schools find in many cases micro-organisms which they suppose to be the cause of the trouble; but let us see if there is not a simpler way of explaining all this. In the spinal cord are vasomotor nerve centers which control the size of the blood vessels in the lungs, and also the blood vessels of the entire body. An irritation of those centers produces a contraction of the blood vessels. The Osteopath reasons that this contraction will impede the circulation, causing a

higher blood pressure. If the patient has been subjected to draughts or dampness, that condition would have a tendency to contract the muscles; and if that draught were upon the muscles lying in relationship with those vasomotor centers, or if that is the weak part of the body, it may set up an irritation. The blood vessels throughout the whole body will be contracted, causing a greater friction and consequently a rise of temperature. The blood vessels of the lungs being specially affected, a congestion will be started, which will run into an inflammation, that being the pneumonia.

Here, then, is the simple cause. The germs present being only the result of the stagnation, the Osteopathic method of the treatment is clearly indicated. Not giving drugs to destroy the germs, but relaxing the muscles, removing the irritation from the nerve centers, and allowing the inflammatory products to be removed.



Nostalgia!

The sensation of homesickness has been variously described, but never more graphically than by a little girl who, miles away from her home and mamma, sat heavy eyed and silent at a hotel table.

"Aren't you hungry, dear?" asked her aunt, with whom she was travelling.

"No'm."

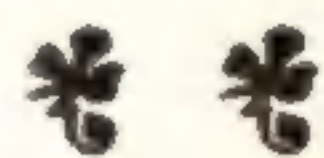
"Does your poor head ache?"

"No'm."

"Tell me what is the matter."

The lip quivered pitifully, and she said, in a tone to grieve the heart, "I'm so seasick for my home and mamma!"

—*Boston Journal.*

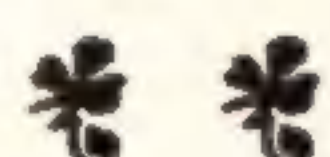


Wouldst thou have kindness? Then be kind;

Wouldst thou have goodness? Then be good:—

A simple way that every one may find
To reach the heaven of true Brotherhood.

—THE SWAMI YOGANANDA, in *Mind*.



"One can do much good in the world by simply doing no harm."

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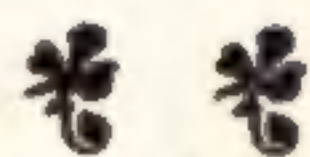
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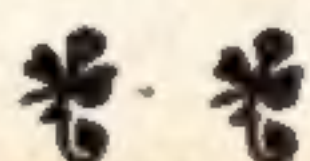
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The Boston Institute of Osteopathy has obtained a charter from the Commonwealth of Massachusetts, dated October 31, 1898. Therein it is stated that the Corporation was formed "for the purpose of establishing and maintaining a College for the promotion and practice of the Science of Osteopathy, to include anatomical and physiological knowledge, and kindred educational pursuits, except *materia medica*, and giving instruction in said branches of learning."

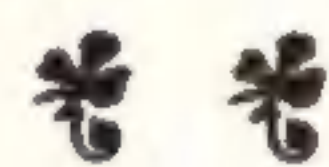


The new "South Terminal" Railway Station in Boston is to have an emergency room, with an area of about six hundred square feet, and with a full equipment of the appliances needful for cases of accident. It is said to be the pioneer railway station of the world in establishing a department of "first aid to the injured."

Speed the day when an Osteopath shall be added to its surgical and nursing staff, to cope with sudden attacks of illness in travelers and employees, and to desensitize tingling nerves, and to stimulate safely any nerves which accident has shocked out of their normal activities! Boston then will indeed "lend a hand," and therewith lead the world, as the Good Samaritan of this later day.



Let's not make any fuss about learning human anatomy, especially its muscles. Zoölogical manuals declare that the elephant has twenty thousand muscles in his trunk, by actual count. Shade of Cuvier! what of the others, which flap those great ears, and wrinkle that vast expanse of dust-colored hide, and swing that rope of a tail? which plant those ponderous feet, and bring those masses of viscera to time? What a subject for an Osteopath an ailing elephant would be! Think of his nerve centers! Successful treatment of his case would have to be characterized as "simply immense."



F. LeRoy Purdy, A. M., M. D.

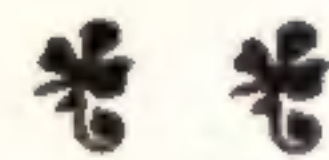
We feel that we have been very fortunate in securing the services of F. LeRoy Purdy, A. M., M. D., of Buffalo, N. Y., as Professor of Physiology, Obstetrics, and Minor Surgery.

The following is quoted from the *Buffalo Uplook*, (an issue of 1896):—

"Dr. Purdy, son of the Rev. A. Purdy, graduated from Lima Seminary, Syracuse University, and the Medical Department of the University of Buffalo. He was house surgeon and physician of the General Hospital of this city for one year.

Dr. Purdy ranks high in Buffalo's musical circles, and he stands prominent as an active Christian worker. He has been so thorough in his preparation for his profession, and his record at the General Hospital is so well known, that several leading doctors of this city have from time to time selected him to take full charge of their patients during their vacations.

Dr. Purdy was the greatest athlete at Syracuse University during his college course, and his record there has never been equaled."



James R. Cocke, M. D., widely known for his brilliant work in surgery and in diagnosis, gave to our School, together with invited guests, the evening of November seventh, a most interesting as well as practically suggestive talk on "The Voice as an Index to Personality." Dr. Cocke has made special study of the

human voice, and thinks that close observation of it renders signal help in diagnosis and in the effective adaptation of treatment to the individualities of patients.

Later in the month, he gave a lecture, for students only, on "Scientific Massage," of which he is a "past master," accompanied by a demonstration. Massage, as such, of course is no part of Osteopathic work; but the principles and the art of so exceptional a touch as Dr. Cocke possesses are of the utmost importance for Osteopaths to study, and to make their own to the extent of their several capacity.

Dr. Cocke has lately been appointed to a chair in the College of Physicians and Surgeons in New York City; and we believe he is the youngest man on record as receiving that honor. His subject is "Nervous and Mental Diseases."

* *

Nashua, N. H.

The Nashua office ceased to be a branch office of the Boston Institute on November first. It is now in charge of Dr. L. W. Roberts.

* *

During the year 1897, the National School of Osteopathy at Kansas City, Mo., issued a diploma to Dr. William Smith, who is characterized in a legal decision, to be noticed presently, as "a man of extensive learning in the medical profession, a graduate of two of the foremost medical colleges of Europe, as also a graduate of and professor in a rival school at Kirksville, Mo."

The Kansas City Courts have just rendered a decision in favor of the National School. After reading the entire text of this decision, it seems to us that the Court was justified in its ruling. *The point involved was the forfeiture of the charter of the National School for issuing a diploma in violation of the State law requiring an actual attendance of twenty months.*

CHANGE OF TELEPHONE NUMBER.

A new telephone has been put into our private office, numbered "Back Bay 420." The old number ("Back Bay 504") is still available, though less convenient; since that is the *general* number for the building, which is listed in the telephone directory as "Ilkley No. 2."

* *

Dr. L. W. Roberts has severed his connection with the Boston Institute of Osteopathy, and will devote himself to private practice.

* *

E. W. Greenough, D. O., of Brockton, Mass., has closed his Brockton office, and is now assisting at the Boston Institute. Dr. Greenough is a graduate of the Northern Institute, and is well qualified for this work.

* *

Albert H. Moore, B. S., M. D., D. O., made us a friendly call a few weeks ago, on his way from North Dakota to his new location at Westfield, Mass., where his office is in the Parks Building. A personal letter from an old resident of Westfield speaks most encouragingly of Dr. Moore's work and of his prospects.

* *

Mrs. Mary Houghton Connor, D. O., a classmate and personal friend of the President and the Secretary of the B. I. O., who has been practicing Osteopathy at Hot Springs, S. D., a popular health resort of the Northwest, will locate permanently in Chicago about December 15th. During her two years' practice at Hot Springs, her success as an Osteopath has become widely known. Among her numerous patients have been many from the leading families of the Northwest, who have become strong advocates of Osteopathy; and it is partly through their solicitations that she has decided upon removal to the great metropolis of the West (her former home). Dr. Connor is well fitted for a broader field, and we anticipate for her a bright future.

Walter W. Steele, D. O.

We take pleasure in announcing that we have secured the services of Dr. Walter W. Steele of Buffalo, N. Y., as a special lecturer and demonstrator of "Practical Osteopathy." Dr. Steele is a very busy man, and finds it difficult to get away even for a few days at a time. We prefer our students to receive their Osteopathic Theory and Practice under successful and trained operators.

Dr. Steele is a descendant of the well-known Miller family of Kentucky, and of the Steeles of Virginia. Was born in October, 1865. Graduated from Christian University in 1884, and from the American School of Osteopathy of Kirksville, Mo., in 1894. Took a special course in Dissection at Chicago in 1895. Before locating in Buffalo, N. Y., the Doctor was with Dr. Harry M. Still in Chicago.

Before taking up Osteopathy, Dr. Steele was a druggist for five years and read *materia medica* two years, so that he entered the new field with a proper understanding of the old methods.

Dr. Steele is liberal-minded and disposed to be very friendly to the members of the medical profession.

The Doctor is one of the early graduates who was willing and anxious to become proficient in his profession before establishing a private practice. The wisdom of this step was apparent when we visited the Doctor at Buffalo and Niagara Falls. We found him with a splendid practice among the very best people of the State; and the results obtained were giving him more than a local reputation.



We have been advised that a prominent regular physician of this city is to deliver a lecture on "Osteopathy, Homœopathy, and Other Delusions." We trust that the Doctor will send us an invitation.

The newest Osteopathic book is "A Manual of Osteopathic Therapeutics" by Clifford E. Henry, Ph. G., M. D., D. O., formerly Vice-President of the Pacific School of Osteopathy at Los Angeles, now Professor of Anatomy and Osteopathic Therapeutics at Minneapolis.

This manual is arranged in a very concise and condensed manner, well adapted for students at Osteopathic colleges. We welcome this addition to our Osteopathic literature, and trust that Osteopathic students will investigate it. It has been adopted as a text book at the Northern Institute. The book may be procured of Dr. C. E. Henry, Globe Building, Minneapolis, Minn.

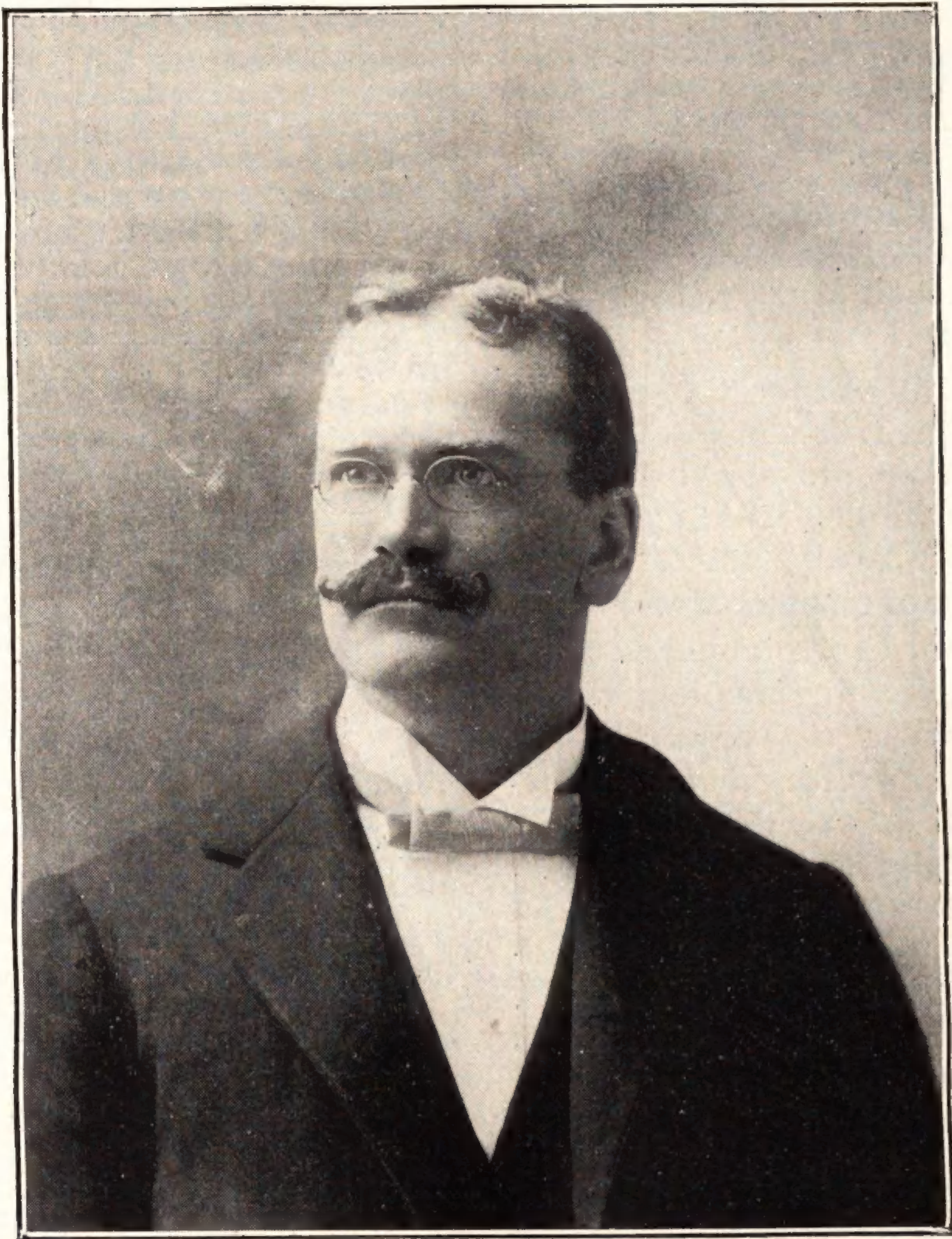


The latest addition to our exchange list is *The Osteopathic Physician*, published at San Francisco, Cal., by Drs. A. T. Noe and A. C. Moore. Dr. Moore was the founder of the Pacific School of Osteopathy, at Los Angeles; and judging by the success of that institution, we predict a greater one in the larger field. We welcome the new publication and the new school to the Osteopathic circle.



Washington, D. C.

We hear favorable accounts of the success already gained in their new location, by Dr. Henry E. Patterson and his wife, Dr. Alice M. Patterson. That was a foregone conclusion. Any city would be fortunate in securing such well-equipped representatives of the science of Osteopathy. In Washington they need no introduction, having a wide acquaintance with prominent people, the result of several years' official connection with the A. T. Still Infirmary and American School of Osteopathy at Kirksville, Mo., and of last year's professional seasons at St. Augustine and Jacksonville, Fla., and at Mackinac Island, Mich. Their offices are in the Washington Loan and Trust Building.



WALTER W. STEELE, D. O.,
Lecturer at the Boston Institute on Practical Osteopathy.

MISSING LIBRARY

The So-Called "Surgical Craze."

[We wish to call the attention of our women friends to a selection from an article by HENRY E. BEEBE, M. D., of Sidney, Ohio, that appeared in the *Journal of Orificial Surgery*. Even the surgeons begin to realize that many unnecessary operations are being made. Dr. E. H. Pratt, Editor of the *Journal of Orificial Surgery*, in writing of Osteopathy, said:— "Osteopathy in a great many cases will modify the nature of the orificial work required, aiding to save many a uterus that otherwise would have to be sacrificed, and obviating the necessity of the American operation in a great many cases."

We feel that when people understand this matter better, the "surgical craze" will give way to the more humane and reasonable method of treatment,—Osteopathy.—ED.]

While it may not be a crime to fail or blunder, it is a crime to stick to it. Some people could learn a great many things if they didn't think they already knew them. There is only one thing worse than ignorance, and that is conceit.

Inexperienced diagnosticians and operators, with a reputation to make, are responsible for much mischief. While it is easy to learn surgery, nothing is so hard to apply. These operators need material; and particularly in gynecological practice, blunders are liable to be made. Many ovaries and Fallopian tubes are sacrificed because obscure troubles have been ascribed to supposed ailments of these appendages. Seldom is it necessary to remove the appendages unless they show pathological changes; and the all-around thorough surgeon usually wants these reasons before ablating them.

Consider well that double ovariectomy is often followed by a train of nervous symptoms more serious and annoying than the original trouble for which surgery has been applied. Broca, of the Saint Louis Hospital, in Paris, says:

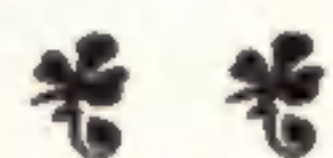
"Of women who have prematurely lost both ovaries, seventy-eight per cent. subsequently suffered a notable loss of memory; sixty-eight per cent.

were troubled with flashes of heat and with vertigo; fifty per cent. evinced a change in character, becoming more irritable and less patient, some even being subject to violent and irresponsible fits of temper; forty-two per cent. suffered more or less from mental depression; and ten per cent. were so depressed as to verge upon melancholia. In seventy-five per cent. there was a diminution in sexual desire, some claiming that they experienced no sexual pleasure at all. Thirteen per cent. were not relieved from the pain from which they had suffered; thirty-five per cent. increased in weight and became abnormally fat; and some complained of a diminution of the power of vision. Twelve per cent. developed a change in the tone of the voice, it becoming heavier and more masculine in quality; fifteen per cent. suffered from irregular attacks of minor skin affections; twenty-five per cent. had severe headaches, as a rule, increasing in intensity at the catamenial period; twenty-five per cent. complained of the occurrence of nightmare, more or less constant; and about five per cent. suffered from insomnia. In a few cases there existed a sexual hyperexcitability not present prior to castration. A few patients, also, developed gastric reflexes and marked indigestion. All of these symptoms or changes were more marked in women under thirty-three years of age."

These figures are certainly worthy of more than ordinary consideration, for they show that functional troubles are more constant and intense in women who have lost both ovaries by operative interference. Women have other organs and members than those of generation that become diseased.

In gynecological practice, operators sometimes forget, if they ever knew, that while the apparent disease may show pathology, in the majority of cases the local manifestation, when properly considered, has to do with factors precedent to this visible expression. Therefore, it becomes absolutely necessary, in many cases, before undertaking their treatment, to examine the patient, in addition to the local pathological condition so prominently manifest. Such inquiry may deter the examiner from punishing, or probably sacrificing, some import-

ant part or organ for the sins of another part of the body, without relieving the invalid of her sufferings. Treat the patient more and the local pathological condition less.



Granulated Eyelids:

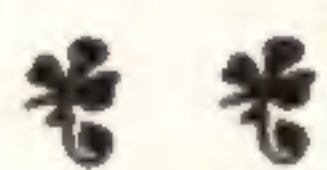
OSTEOPATHIC TREATMENT ENDORSED
BY AN M. D.

(We have received the following statement from an old friend of ours who has practiced medicine for more than thirty-five years, holding diplomas from Allopathic, Homœopathic, and Eclectic Colleges, who is greatly interested in Osteopathy.—ED.)

With your permission I will report a very interesting case of granulated eyelids with entropion.

J. H. B., aged 38 years, has had sore eyes from his youth, and for twenty years both upper and lower lids have been affected with entropion. Usually entropion affects the lower lids only; but this case being of long standing and subjected to all the eye lotions, both mild and strong, it is not surprising to find entropion, which is produced by irritable forms of general ophthalmia, the orbicularis muscle being kept in a prolonged state of rigid contraction or spasm. In old subjects with wrinkled and relaxed skins and with irritable orbicularis muscles, entropion is not uncommon. In this case, the borders of the lids were completely inverted, the cartilage itself being rolled over so that the cilia and integument would rub against the globe; and for many years he has been compelled to have the entire cilia removed two or three times per week, with pliers made expressly for the purpose. To express this condition in its entirety, I will say *Inflammation*. The language of inflammation is excess of blood to the part, through the part, but not from it. This condition is expressed by heat, redness, swelling, and pain, conditions necessary to produce and maintain unhealthy granulations and

entropion. The treatment to the M. D. as well as to the Osteopath suggests itself. Secure a normal circulation of the blood to the part, through the part, and from it, (either by manipulation or medicine,) and you will immediately relieve all undue heat, swelling, redness, and pain; and when this is done, Nature will do the rest; for it is by and through a normal circulation of good blood that all repairs are made, no matter in what part of the system needed. This I did osteopathically; and in two months' treatment, my patient recovered, and is now enjoying absolute freedom from all pain and uneasiness in and about the eyes. His lids close as evenly and nicely as though he had never been afflicted, and the cilia are all even and gracefully curved. C.



December.

Riding upon the Goat, with snow-white hair,

I come, the last of all. This crown of mine

Is of the holly; in my hand I bear

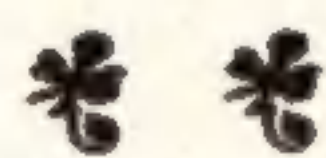
The thyrsus, tipped with fragrant cones of pine.

I celebrate the birth of the Divine,

And the return of the Saturnian reign;—

My songs are carols sung at every shrine,
Proclaiming "Peace on earth, good will to men."

—LONGFELLOW.



The time will soon be at hand when the business of examining for life insurance will be in the hands of the Osteopaths. Who is better qualified for such work? The Osteopath has unparalleled opportunities for comparing human bodies and picking out their defects. Few weak spots, if any, escape the notice of the skillful Osteopath.—*The Osteopath* (Los Angeles).

The Science of Osteopathy.

ANNA R. MANN.

A comparatively new branch of the science of healing is that known as Osteopathy. It is a system of healing which effects its cures through mechanical and not medical instrumentalities. Its operators work with the idea that fundamentally the causes of all diseases are to be found from thrombosis, or an obstruction of or pressure on the nervous centers.

Although the treatment is somewhat similar to the Swedish movement or to massage, it differs in being more definite in purpose. The operator always has a distinct aim in view and works accordingly with deft precision.

Osteopaths believe that germs are the result rather than the cause of disease, and that therefore these are powerless if the true cause, to be found in the nerve centers, be removed. This renders the vertebral column of prime interest to the student of Osteopathy, as being the chief field for operation.

For instance, in a case of paraplegia or ataxia, they first stimulate the lumbar plexus by vibrations or relieve the slight pressure on the cord in the lumbar region, and then, by exciting the cardiac plexus, free the blood flow, and relief is sure to come. Although the Osteopaths treat all kinds of disease, they have had the best and most marked results with chronic cases, which can be gradually relieved.

They are not exorbitant in their claims. They frankly give up the cases they think they cannot relieve. They claim to benefit ninety-five per cent. of their patients and absolutely to cure seventy-five per cent.

There is one special feature of Osteopathy which should recommend it to the logically scientific mind. That is, no step in all its course do we have to take on faith. Osteopathy employs no psychic methods. It is to cure physical ills, and its methods are entirely on that plane.
—*The Medical Student.*

Chips for Osteopathic Students.

If you could make a pudding wi' thinking of the batter, it 'ud be easy getting dinner.—MRS. POYSER, in *Adam Bede*.

He had caught a great cold, had he had no other clothes to wear than the skin of a bear not yet killed.—THE REV. THOMAS FULLER (1608-1661).

Meanin' goes but a little way i' most things; for you may mean to stick things together, and your glue may be bad, and then where are you?—MRS. POYSER, in *Adam Bede*.

Thy friend hath a friend, and thy friend's friend hath a friend:—be discreet.—*The Talmud.*

Never mind the world, my dear; you were never in a pleasanter place in your life.—GOLDSMITH.

* *

Our Second Class gave a cordial welcome to the Third Class (lately entered), by a reception the evening of Nov. 18th. The social features were pleasantly diversified by music, recitations, and dancing.

* *

R. F. Connor of our Senior Class is with us again, after a pleasant vacation spent in assisting his wife, Mary H. Connor, D. O., at Hot Springs, S. D. He expects to settle in Chicago after completing the course at the B. I. O. We take pleasure in calling attention to Mrs. Connor's immediate removal to Chicago, as detailed on page 15.

* *

A countryman wandering about a cemetery came upon a stone which bore the inscription, "*Sic transit gloria mundi.*"

"What does that mean?" he asked the sexton, who was at work near by.

The sexton, not wishing to confess ignorance, replied:—

"Well, it means that he was sick transiently, and went to glory Monday morning."—*Harper's Bazar.*